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MEDICUS

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THE INTRA-UTERINE
STEM; ITS HISTORY,
ABUSE AND USE.

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REPRINT FROM TRANSACTIONS
OF
MICHIGAN STATE MEDICAL SOCIETY,
1889.



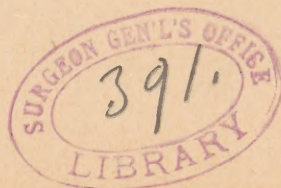
INTRA-UTERINE STEMS—THEIR HISTORY, ABUSE AND USE.

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The history of any invention, traced from its earliest conception through a long line of adaptations and modifications, down to the completed and perfected object, cannot but present some points of interest to the most indifferent. Very often we find the crude original to be the outcome of necessity, the hasty creation of a desperate moment, or the result of careful, laborious thought and experiment; we see it passing through the hands of one and then another, twisted and changed in form from time to time, until at last it remains only the idea of its archetype.

While undergoing these changes it lives through various periods of opinion and criticism; it is tried and found wanting, and becomes lost to sight. But if it be an invention of true merit, it cannot be forgotten, it crops out again to be reheralded and lauded until some mishap turns the scale, and we hear no more of it. Again and again is this little cycle repeated, until at last it finds its proper place and is retained, because more is known and appreciated, not only of the invention itself, but also of the conditions with which it must be surrounded in order to insure success.

Perhaps no one instrument used in gynecological practice has had a more remarkable history than the appliance which forms the subject of this paper. For nearly a century this little invention to straighten a flexed womb, and dilate a narrowed uterine canal, has survived under the most peculiar and extraordinary conditions. It has been denounced, villified, and proscribed by the highest medical authorities and councils. It has been lauded and indorsed by equally well-known and distinguished men. And yet, in spite of both condemnation and praise, it exemplifies the survival of the fittest, and has refused to be relegated to oblivion. History gives us no proof that



the uterine stem was used before the present century, but we learn from the writings of the fathers of medicine that both Galen and Ætius recognized and replaced with their fingers the dislocated uterus. It is therefore difficult to believe that these men and their followers could have gone on with this digital reposition and not have discovered that a small rod of bone or other material, placed in the canal of the uterus, would keep it straight. Nor can I conceive that the brilliant intellect which devised and manipulated the trivalve speculum a century or more before the christian era could have let so simple and important an addition to his armamentarium as the uterine stem escape him. Indeed, there are among the various implements exhibited at the Naples museum, taken from the so-called house of the surgeon at Pompei, several articles which bear a not unsimilar appearance to the stem pessary. Does it seem at all probable that men so well versed in anatomy as to give the proper curves to a male catheter or sound, could have been in ignorance as to the presence and appearance of the uterine canal? Total darkness, however, surrounds the invention and application of the stem pessary up to 1803. In this year, according to Hohl, a certain Möller used a pliable staff in the uterine canal to rectify a malposition of that organ, and from this date we must reckon the beginning of orthopædic interference in uterine displacements.

Möller's deductions, whatever they may have been as to the feasibility of such a procedure, seem not to have found prompt acceptance, for within a period of twenty-five years following, literature furnishes us with but one example of an attempt to replace the uterus by mechanical means. Osiander, in 1808, had the temerity to imitate his unsuccessful predecessor, and by means of his dilator to restore the retroverted womb to its normal position. In 1827 or '28 Amussat began to use a small stem of ivory to rectify uterine displacements, and was more or less successful until one unfortunate young patient developed a peritonitis which resulted in her death, a termination so distressing that Amussat was led to abandon this method of treatment.*

* This statement, found in the German edition, 1864, of Tilt's Uterine Therapeutics, does not accord with that of Dr. Quetier, who, in his thesis on retroversion, published in 1828, states that Amussat was successful in many cases.

Moreau and Velpeau took up the mechanical treatment of this class of cases in 1830, but for lack of satisfactory results soon abandoned it. Following this a period of fourteen years ensued, during which the stem treatment appears to have made little or no progress. The modern era of the intra-uterine stem, may be said to have dawned in 1843-44, when Sir James Y. Simpson introduced what he called a form of permanent bougie for dilating the cervical canal in dysmenorrhœa.

This method of handling a very distressing condition was so satisfactory in its results that it led to the devising of the stem pessary. So great was Simpson's confidence in the efficacy of his invention to straighten a distorted womb, that he, as Tilt somewhat petulantly writes, "advocated his stem pessary in the same enthusiastic spirit with which he took chloroform; tallow for consumption; numismatics; or revivals."

Such unqualified indorsement from a leading teacher was not long in begetting disciples and imitators, and there can be little doubt that to the frequent accidents and sometimes deaths which resulted, and which a few words of caution and suggestion from Simpson's own lips might have averted, the odium and distrust which has existed until recently, and even now in some quarters opposes the usefulness of the intra-uterine stems, is due.

The success of Simpson having been noised abroad, Velleix, of Paris, took up the mechanical treatment of uterine displacements. In 1853 he published a collection of 117 cases, in which 78 had been cured, 14 unrelieved, and the remainder benefited by the use of the stem.

The publication by Broca, in the following year, of a case of death from sounding the uterus, and the statement in his article that he was authorized to report fatal cases from the use of the uterine redresseur in the practice of Aran, of Nelaton, and of Cruveilhier, led to an investigation of the orthopædic treatment of uterine cases, by the Paris Academy of Medicine. The result of this investigation was that the intra-uterine stem was denounced, as not only useless but dangerous, and the opinion advanced that it should be totally abandoned in practice.

In Paris, as in England, however, a few wise individuals

did not share in this wholly adverse opinion. It is related of Velleix, who was one of those to continue the treatment, that he kept on reducing the length of the instrument until it would no longer remain in the uterus; which gave Huguier the opportunity to report that he had examined women by whom the intra-uterine pessary was said to be well borne, and found the stem outside the womb.

While Simpson and his school in England, Velleix and others in France, were carrying out the mechanical idea, notice of Kiwisch and his followers in Germany must not be omitted. This observer was, perhaps, the first to point out certain principles of action, and hang up danger signals for the guidance of those using the stem.

He stated that while the stem should not remain too long in the uterus, such minor symptoms as hemorrhage, increased blenorrhœa, and uterine colic, did not contra-indicate its use. He especially drew attention to the fact that the stem should not be employed in cases of retroflexion with adhesions, or in hypertrophy and induration of the uterus with a tendency to peritonitis, hemorrhage and colic.

Although many authenticated cures by means of the intra-uterine support were placed on record, the occasional accident or death resulting from its careless and indiscriminate employment tallied heavily against it, so that we find West, as recently as 1864, writing that its use was almost universally discontinued, and that probably in a few years more the uterine supporter and its uses will have become mere matters of history.

Since West's time many and able have been the warfares of words waged pro and con the medical treatment of uterine displacements.

If we pause here for a moment and consider the mile-posts marking gynecological advancement during the present century, we may perhaps understand why the use of the uterine stem in the hands of the earlier profession was attended with such disastrous results, and why some were so hot in urging or denouncing its employment.

In the first place we must remember that the normal and abnormal position of the uterus were shrouded with a veil of uncertainty. While marked deviations were perhaps recognized,

minor displacements were overlooked, and the pathological conditions effecting them were almost wholly unknown, or ignored. A glance through the periodical literature of the past twenty-five years, will convince one how greatly adrift in this matter gynecologists have been; nor can we say to-day that the question is no longer *sub judice*.

Many and varied have been the theories and demonstrations advanced in regard to the *normal* position of the uterus, and I have but to mention the names of Cusco, Kohlrausch, Klob, Credé, Schroeder, Schultze, Bennet, Braxton, Hicks, Van de Warker, Foster, and a score of others, who have written on this subject, to indicate the character of the men who have thrown their knowledge and ability into the controversy.

Prof. B. F. Schultze, of Jena, whose work on the pathology and treatment of displacements of the uterus, originally published in 1881, has recently been translated into the English language, has done more, perhaps, than any other one observer toward settling this vexed question. And yet, clear and demonstrable as Schultze's arguments are, he has many opponents.

In regard to the pathology of displacements I have to call your attention to the admirable treatise of Dr. Grailey Hewitt, of London, who presents the subject in a comprehensive and convincing manner, the result of years of careful observation; and yet, nevertheless, Dr. Hewitt's views are not acceptable to all.

I do not, however, intend to even touch upon these moot points, which would of necessity involve an almost endless discussion. I simply mention them to show that, if to-day, after all the careful work which has been put into this department of medicine, we are not entirely settled in our own minds in regard to certain factors which enter into the reasonable discussion of the treatment of uterine displacements, it is not to be wondered at that the earlier observers so often failed in the successful fulfillment of their undertakings.

Another reason why disastrous results so often followed the use of the intra-uterine stem is traceable to the clumsiness of the instruments employed. A glance at the *redresseurs* of Velleix, Kiwisch, Kilian, Detschy, the earlier form of Simp-

son's stem, and many others, will show to what abusive treatment the long-suffering uterus was subjected.

To ignorance of uterine pathology, and the inappropriateness of the instruments employed, a third element contributing to unsuccess, namely the absence of antiseptic precautions, must be added. It is now pretty well established that certain germs may exist in the human body in a state of health, innocuous and harmless; but given a pathological soil, these same germs develop into mischievous and death-producing organisms.

Taking, therefore, an unsuitable case, a clumsy instrument, and a total disregard for cleanliness, could a better bid for untoward results be imagined?

In the foregoing remarks I have briefly summed up the history of the intra-uterine stem, from its first application to the present time, and there now remains for me only to consider in few words the status and application of the instrument of to-day.

Now, as formerly, this method of treating uterine displacements has its adherents as well as its opponents, but the former, and among them the leading men of this country, are gradually but surely out numbering the latter. And it is safe to say that the time is not far distant when the opposition will be silenced and the stem will be allotted its legitimate place in gynecological treatment.

If we are to account for the mishaps, which even now we often hear said, follow the use of the stem pessary, we must begin by taking into consideration the suitability of cases. The large majority of uterine displacements seen in practice can be corrected by means of a proper, well-fitting vaginal pessary, alone, or in combination with general treatment and local applications. It is therefore an error to make use of the stem until all these other means have been tried and found inefficient; for it is to the indiscriminate use of the instrument to-day, as in the past, that the failures following its employment are to be attributed.

It may indeed be stated as an axiom that the cases where the stem can be used with benefit are extremely few. But, we must not overlook the fact that there still remain a few

undoubted instances where nothing that we can do will relieve the patient, and we are finally forced to the stem. Now just at this point another serious mistake often occurs,—it is too often forgotten that the uterus is an organ rich in lymphatics, nerves, and blood vessels, and that unless the parts are put in a healthy condition, and tolerance to a foreign body in the uterine canal established, we are apt to do more harm than good by our interference. Too often a stem is used to straighten a uterus, inflamed, sensitive, engorged and enlarged, and the result is that pain, hemorrhage, and perhaps a localized peritonitis supervene and almost irreparable injury is done.

But granted that these points have been well considered, the careful disinfecting of the vagina and the stem before its introduction are often neglected. This I believe to be, not only good practice, but absolutely essential if we expect to give our patient every chance for relief or cure.

It was Spiegelburg, I think, who said that some uteri were like leather bags,—you could do anything with them, and put anything into them without creating a disturbance. Most of the cases which come under observation, however, are not constructed on this plan, and we cannot exercise too great precautions or prepare the way too thoroughly for our proposed treatment.

One of the most important points to attain in this method is the establishment of uterine tolerance. Formerly this caused no end of anxiety, time, and the exhibition of patience, but since the introduction of the soft stem by Dr. A. Reeves Jackson, of Chicago, this end is accomplished more quickly and with less annoyance to both patient and physician. When the uterus can bear the presence of the sound in its cavity for the space of a few minutes, one of Dr. Jackson's stems may be introduced, and the patient allowed to wear it for a week, or a month if necessary, observing of course the usual precautions. When the soft stem can be tolerated for this length of time, it is quite certain that the hard rubber instrument will be worn without danger.

It is unnecessary for me here to go into the details of manipulating the stem, the selection of cases, or the watchful care and surveillance under which the patient must be, while

wearing a stem pessary, for these may be found in the modern text books on gynecology.

But I desire to call to your especial notice:

1. That the history of the stem pessary furnishes conclusive proof that it is destined to a permanent place in the gynecological armamentarium, and that opposition to its use in the future, as in the past, will prove futile.

2. But, that its indiscriminate and careless use is to be strongly deprecated.

3. That the cases where its actual application can be expected to be followed by beneficial results are very few.

4. But that in the few, well-chosen, carefully-prepared individuals, under antiseptic precautions and with a proper instrument, the intra-uterine stem pessary accomplishes great good, affords immense relief to the patient, and in a small percentage of cases, undoubtedly leads to a permanent cure of the conditions for which it is applied.

In concluding this paper on the uterine stem, gentlemen of the gynecological section, I feel almost like apologizing for bringing so trite a subject to your attention.

I do so, however, with less hesitation for the reason, as it seems to me, that the medical profession, like the Athenians of old, are too much given to the telling or hearing of *new* things, to the exclusion, and greatly to the detriment, of subjects which are more intimately connected with our daily practice. I trust that the little that I have had to offer on the subject of my paper, may serve to bring out a discussion which will be of much interest and value to us all.

BIBLIOGRAPHY.

In the preparation of the historical portion of the above paper, I have consulted Winckle's *Die Behandlung der Flexionen des Uterus, mit intrauterinen Elevatoren*, Berlin, 1872, and the text-books and the periodical literature of the past fifty years or more.

